Source Code:

<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8">

<meta name="viewport" content="width=device-width, initial-scale=1.0">

<title>Survey Form</title>

<link rel="stylesheet" href="styles.css">

</head>

<body>

<div class="form-container">

<h1>Survey Form</h1>

<form action="#" method="POST">

<!-- Name Field -->

<label for="name">Full Name:</label>

<input type="text" id="name" name="name" required>

<!-- Address Field -->

<label for="address">Address:</label>

<textarea id="address" name="address" rows="4" required></textarea>

<!-- Phone Number Field -->

<label for="phone">Phone Number:</label>

<input type="tel" id="phone" name="phone" pattern="[0-9]{10}" required placeholder="123-456-7890">

<!-- Account Number Field -->

<label for="account\_number">Account Number:</label>

<input type="text" id="account\_number" name="account\_number" required>

<!-- Email Field -->

<label for="email">Email Address:</label>

<input type="email" id="email" name="email" required>

<!-- Membership Duration -->

<label for="membership\_duration">How long have you been a member of X Company?</label>

<select id="membership\_duration" name="membership\_duration" required>

<option value="less\_than\_1\_year">Less than 1 year</option>

<option value="1\_to\_3\_years">1 to 3 years</option>

<option value="3\_to\_5\_years">3 to 5 years</option>

<option value="more\_than\_5\_years">More than 5 years</option>

</select>

<!-- Submit Button -->

<button type="submit">Submit</button>

</form>

</div>

</body>

</html>